

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,529.00 for dates of service commencing on 02/15/01 and extending through 09/06/01.
- b. The request was received on 02/12/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Letter to the Compliance & Practice Division of TWCC, dated 02/12/01
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 10/02/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 10/04/02. The response from the insurance carrier was received in the Division on 10/18/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
4. Notice of letter requesting additional information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 11/14/01

“SINCE THE INSURANCE CARRIER DID NOT HAVE VALID REASON FOR DENIAL OF CARE WHICH WAS MEDICALLY NECESSARY, WE HEREBY REQUEST THE DIVISION TO ASSIST IN RESOLVING THIS MEDICAL DISPUTE IN FAVOR OF THE PROVIDER FOR SERVICES WHICH WERE MEDICALLY NECESSARY.”

2. Respondent: The response was not timely and consequently not eligible for review.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 02/15/01 and extending through 09/06/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$1,565.00 for services rendered on the dates of service in dispute above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$36.00 for services rendered on the dates of service in dispute above and denied any additional reimbursement as "N-PROCEDURE CODE 97265, 97122, 97250 AND/OR 97261 IS REIMBURSABLE ONLY WHEN SEPARATE & COMPENSABLE BODY REGION/AREA IS TREATED AND DOCUMENTED IN CONJUNCTION WITH A MANIPULATION."; F-THE SERVICES LISTED UNDER THIS PROCEDURE CODE ARE INCLUDED IN A MORE COMPREHENSIVE CODE WHICH ACCURATELY DESCRIBES THE ENTIRE PROCEDURE(S) PERFORMED"; "A-PRE-AUTHORIZATION NOT OBTAINED" and "R-REIMBURSEMENT WITHHELD – CHARGE UNRELATED TO COMPENSABLE INJURY."
5. The Requestor has submitted a letter to the Compliance & Practice Division of TWCC asking for an investigation of the Carrier's failure to issue payment or denials of services billed after requesting reimbursement and/or reconsideration. Therefore, dates of service without an EOB will be reviewed as an "F" denial.
6. Per the Requestor's Table of Disputed Services, the amount in dispute is \$1529.00 for services rendered on the dates of service in dispute above.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/15/01 02/23/01 03/02/01 04/27/01 05/02/01 05/03/01 08/30/01 09/04/01 09/05/01 09/06/01	97265 97265 97265 97265 97265 97265 97265 97265 97265 97265	\$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00 \$43.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	N No EOB N No EOB N N N F N N	\$43.00	TWCC Rule 133.304(c); MFG; MGR (I) (A) (10); CPT Descriptor	<p>The Requestor has submitted a letter to the Compliance & Practice Division of TWCC asking for an investigation of the Carrier's failure to issue payment or denials of services billed after requesting reimbursement and/or reconsideration. Therefore, dates of service 02/23/01 and 04/27/01 will be reviewed as an "F" denial. The Carrier has denied the remaining dates of service as, "N-PROCEDURE CODE 97265, 97122, 97250 AND/OR 97261 IS REIMBURSABLE ONLY WHEN SEPARATE & COMPENSABLE BODY REGION/AREA IS TREATED AND DOCUMENTED IN CONJUNCTION WITH A MANIPULATION."; and "F-THE SERVICES LISTED UNDER THIS PROCEDURE CODE ARE INCLUDED IN A MORE COMPREHENSIVE CODE WHICH ACCURATELY DESCRIBES THE ENTIRE PROCEDURE (S) PERFORMED". The Carrier's denial codes do not "...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)" as required by TWCC Rule 133.304. For denial code "F" the Carrier failed to list what "MORE COMPREHENSIVE CODE " accurately describes the entire procedure.</p> <p>Requestor has provided documentation to support reimbursement in accordance with the Medical Fee Guideline. Therefore, reimbursement in the amount of \$430.00 is recommended.</p>
02/15/01 04/24/01 04/25/01 04/27/01 05/02/01 05/03/01 08/14/01 08/29/01 08/30/01 09/04/01 09/05/01 09/06/01	97122 97122 97122 97122 97122 97122 97122 97122 97122 97122 97122 97122	\$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	N N N No EOB N N F N N F N N	\$35.00/15 mins	TWCC Rule 133.304(c); MFG; MGR (I) (10); CPT Descriptor	<p>The Requestor has submitted a letter to the Compliance & Practice Division of TWCC asking for an investigation of the Carrier's failure to issue payment or denials of services billed after requesting reimbursement and/or reconsideration. Therefore, date of service 04/27/01 will be reviewed as an "F" denial. The Carrier has denied the remaining dates of service as, "N-PROCEDURE CODE 97265, 97122, 97250 AND/OR 97261 IS REIMBURSABLE ONLY WHEN SEPARATE & COMPENSABLE BODY REGION/AREA IS TREATED AND DOCUMENTED IN CONJUNCTION WITH A MANIPULATION."; and "F-THE SERVICES LISTED UNDER THIS PROCEDURE CODE ARE INCLUDED IN A MORE COMPREHENSIVE CODE WHICH ACCURATELY DESCRIBES THE ENTIRE PROCEDURE (S) PERFORMED". The Carrier's "F" denial code does not "...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)" as required by TWCC Rule 133.304. For denial code "F" the Carrier failed to list what "MORE COMPREHENSIVE CODE " accurately describes the entire procedure.</p> <p>Requestor has provided documentation to support reimbursement in accordance with the Medical Fee Guideline. Therefore, reimbursement in the amount of \$420.00 is recommended.</p>

02/15/01 06/12/01 08/08/01	95851 95851 95851	\$72.00 \$72.00 \$72.00	\$0.00 \$36.00 \$0.00	F F F	\$36.00	TWCC Rule 133.304(c); MFG; MGR (I) (E) (4); CPT Descriptor	<p>The Carrier has denied CPT Code 95851 as "F-THE SERVICES LISTED UNDER THIS PROCEDURE CODE ARE INCLUDED IN A MORE COMPREHENSIVE CODE WHICH ACCURATELY DESCRIBES THE ENTIRE PROCEDURE(S) PERFORMED". The Carrier's denial code does not "...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)" as required by TWCC Rule 133.304. For denial code "F" the Carrier failed to list what "MORE COMPREHENSIVE CODE" accurately describes the entire procedure.</p> <p>Requestor has provided documentation to support reimbursement in accordance with the Medical Fee Guideline. Therefore, reimbursement in the amount of \$180.00 (\$72.00 x 3 = \$216.00 minus Carrier payment \$36.00 = \$180.00) is recommended.</p>
03/28/01 04/27/01 06/25/01	99213 MP 99213 MP 99213 MP	\$48.00 \$48.00 \$48.00	\$0.00 \$0.00 \$0.00	A No EOB R	\$48.00	TWCC Rule 133.304(c); Rule 134.600 (h); MFG; E/M GR; CPT Descriptor	<p>The Requestor has submitted a letter to the Compliance & Practice Division of TWCC asking for an investigation of the Carrier's failure to issue payment or denials of services billed after requesting reimbursement and/or reconsideration. Therefore, date of service 04/27/01 will be reviewed as an "F" denial. The Carrier has denied the remaining dates of service as, "A-PRE-AUTHORIZATION NOT OBTAINED" and "R-REIMBURSEMENT WITHHELD – CHARGE UNRELATED TO COMPENSABLE INJURY."</p> <p>Pursuant to TWCC Rule 134.600, office visits do not require preauthorization. Therefore, reimbursement is recommended for date of service, 03/28/01. For date of service 04/27/01, the Requestor has provided documentation to support services billed. Date of service, 06/25/01 was denied as "R". On 01/10/01 the Carrier did file a TWCC 21 stating the Carrier will pay income or medical benefits if, as and when they accrue. No denial of compensability is listed on the Carrier's TWCC 21 and no Benefit Review Conference has been pursued. Reimbursement in the amount of \$144.00 for these dates of service is recommended.</p>
04/27/01 04/27/01 04/27/01	97250 59 97110 97750 MT	\$43.00 \$105.00 \$86.00	\$0.00 \$0.00 \$0.00	No EOB No EOB No EOB	\$43.00 \$35.00/15 mins \$43.00/15 mins	TWCC Rule 133.304(c); MFG; MGR (I) (A) (10) (E) (3); CPT Descriptor	<p>The Requestor has submitted a letter to the Compliance & Practice Division of TWCC asking for an investigation of the Carrier's failure to issue payment or denials of services billed after requesting reimbursement and/or reconsideration. Therefore, these dates of service will be reviewed as an "F" denial.</p> <p>Requestor has provided documentation to support reimbursement in accordance with the Medical Fee Guideline. Therefore, reimbursement in the amount of \$234.00 is recommended.</p>
Totals		\$1,408.00	\$36.00				The Requestor is entitled to reimbursement in the amount of \$1,408.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,408.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 31st day of October 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

VI. Dismissal

Date(s) of service 03/05/01, 03/14/01, and 03/23/01 are being dismissed. Commission Rule 133.305 (b) states, "The following individuals and entities may be parties in the medical dispute resolution process" and (b) (4) states, "A health care provider may request resolution for a medical fee dispute. The parties to a medical fee dispute are the health care provider seeking payment of the disputed medical bill(s) and the insurance carrier that denied payment." For dates of service, 03/05/01, 03/14/01, and 03/23/01, the Requestor's TWCC 60a list a different facility, post office box and Federal Tax I.D. Number on the HCFA-1500.

According to Commission Rule 133.307 (m), the Division may dismiss a request if "...the Division determines that the medical bills in the dispute have not been properly submitted to the insurance; ..." It is the conclusion of the Medical Review Division that these dates be dismissed without any additional action being taken. This dismissal does not constitute a decision on these dates of service.